

CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

FORM C/OH
COVER SHEET PG 1

The C/OH INSTRUCTIONS
explain this form.

GUIDE explains how to complete

1 ACCOUNT #
(Ethics Commission file)

total pages filed:

13

CANDIDATE /
OFFICEHOLDER
NAME

MS / MRS / MR

FIRST

MI

JULIAN

NICKNAME

LAST

SUFFIX

CASTRO

CANDIDATE /
OFFICEHOLDER
MAILING
ADDRESS

☐ Change of Address

ADDRESS / PO BOX:

APT / SUITE #:

CITY:

STATE:

ZIP CODE

715 E. SUNSHINE
SAN ANTONIO TX 78228

CANDIDATE/
OFFICEHOLDER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210)

732 2636

CAMPAIGN
TREASURER
NAME

MS / MRS / MR

FIRST

MI

JOAQUIN

NICKNAME

LAST

SUFFIX

CASTRO

CAMPAIGN
TREASURER
ADDRESS
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

143 GLOBE
SAN ANTONIO, TX 78228

CAMPAIGN
TREASURER
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(210) 436-5284

REPORT TYPE

☐ January 15

☐ 30th day before election

☐ Runoff

☐ 15th day after campaign treasurer
appointment (officeholder only)

☒ July 15

☐ 8th day before election

☐ Exceeded \$500 limit

☐ Final report (Attach C/OH - FR)

10 PERIOD
COVERED

Month Day Year

THROUGH

Month Day Year

01 / 01 / 04

06 / 30 / 04

11 ELECTION

ELECTION DATE

Month Day Year

ELECTION TYPE

05 / 07 / 04

☐ Primary

☐ Runoff

☒ General

☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

CITY COUNCIL DISTRICT 7

MAYOR

14 NOTICE
OF DIRECT
CAMPAIGN
EXPENDITURE
BY OTHER
INDIVIDUALS

** Direct campaign expenditures are campaign expenditures made by others without the candidate's prior consent or approval.
Candidates are required to disclose this information only if they receive notification of the direct campaign expenditure. **

Name

Address / PO Box; Apt. / Suite #; City; State; Zip Code

☐ additional pages

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS

**FORM C/OH
COVER SHEET PG 2**

15 C/OH NAME

CASTRO, JULIAN

16 ACCOUNT # (Ethics Commission filers)

17 NOTICE
FROM
POLITICAL
COMMITTEE(S)

** This box is for notice of political expenditures by political committees to support the candidate / officeholder. These expenditures may have been made without the candidate's or officeholder's knowledge or consent. Candidates and officeholders are required to report this information only if they receive notice of such expenditures. **

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK
2004 JUL 15 P 4:37

18 CONTRIBUTION
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 100.00

2. TOTAL POLITICAL CONTRIBUTIONS
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 11,872.00

EXPENDITURE
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED

\$ 0

4. TOTAL POLITICAL EXPENDITURES

\$ 15,277.86

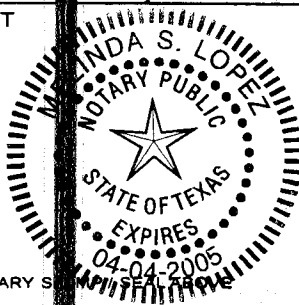
CONTRIBUTION
BALANCE5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY
OF REPORTING PERIOD

\$ 17,124.09

OUTSTANDING
LOAN TOTALS6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE
LAST DAY OF THE REPORTING PERIOD

\$ 0

19 AFFIDAVIT



AFFIX NOTARY SEAL

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said Julian Castro, this the 15th day of July, 2004, to certify which, witness my hand and seal of office.

Signature of officer administering oath

Printed name of officer administering oath

Title of officer administering oath



Printed on recycled paper

Revised 11/05/2003

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED SCHEDULE A
CITY OF SAN ANTONIO
CITY CLERK

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule A:

2004 JUL 15 P 4:35

2 FILER NAME CASTRO, JULIAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 5/13/04	5 Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Stewart Cutler	7 Amount of contribution (\$) \$30.00	8 In-kind contribution description (if applicable) T-shirts
6 Contributor address; City; State; Zip Code 1921 Fredericksburg San Antonio TX 78201			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 2/15/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joaquin Castro for State Rep. #125	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 143 Globe San Antonio, TX 78228			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GONZALES, HOBLIT FERGUSON, LLP	
Date 3/14/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Joaquin Castro for State Rep. #125	Amount of contribution (\$) 750.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 143 Globe San Antonio TX 78228			
Principal occupation / Job title (See Instructions) ATTORNEY		Employer (See Instructions) GONZALES HOBLIT FERGUSON, LLP	
Date 5/11/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Norma Chavez for State Rep. Dist. 76	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 824 Bolivia El Paso TX 79903			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#:	Amount of contribution (\$)	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributors are out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 12:31

Total pages scheduled:

2 FILER NAME CASTRO, JULIAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 4/8/04	5 Full name of contributor Dora Lee Ramos <input type="checkbox"/> out-of-state PAC (ID#)	7 Amount of contribution (\$) 40.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 229 E. Thompson Pl. San Antonio TX 78225-1409			
9 Principal occupation / Job title (See Instructions)		10 Employer (See Instructions)	
Date 5/8/04	Full name of contributor Randy Bear <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 9939 Fredericksburg Rd. # 1704 San Antonio, TX 78240			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 5/8/04	Full name of contributor Jeannette Burney Sullivan <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 25.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5270 Round Table San Antonio, TX 78218			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 3/15/04	Full name of contributor Jordan N. Malz <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 250.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 24 Shilling Rd. Manalapan, NJ 07726			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 6/24/04	Full name of contributor Joaquin Casco <input type="checkbox"/> out-of-state PAC (ID#)	Amount of contribution (\$) 222.00	In-kind contribution description (if applicable) postage
Contributor address; City; State; Zip Code 143 Globe San Antonio, TX 78228			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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If contributors are out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

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2 FILER NAME CASTRO, JULIAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 1/02/04	5 Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Grande Comm. Networks, Inc. PAC	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 401 Carlson Circle San Marcos TX 78666			
9 Principal occupation / Job title (See Instructions) N/A		10 Employer (See Instructions) N/A	
Date 12/30/03	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Patricia Galt Steves	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code P.O. BOX 1866 San Antonio TX 78297-1866			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Darrell Morrison	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 11821 East Freeway, Ste. 400 Houston, TX 77029			
Principal occupation / Job title (See Instructions) Engineer		Employer (See Instructions) SCL Engineering	
Date 6/27/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Julian Castro	Amount of contribution (\$) 1500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 715 E. Sunshine San Antonio TX 78228			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	
Date	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Michael W. White	Amount of contribution (\$) 50.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 3737 Broadway San Antonio TX 78209			
Principal occupation / Job title (See Instructions)		Employer (See Instructions)	

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POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL

5 pages Schedule A:

2 FILER NAME

CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

2/20/04

5 Filer name of contributor

☐ out-of-state PAC (ID#)

CDM PAC

7 Amount of contribution (\$)

500.00

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

800 West Loop S., Ste 1550
Houston TX 77027

9 Principal occupation Job title (See Instructions)

N/A

10 Employer (See Instructions)

N/A

Date

6/2/04

Filer name of contributor

☐ out-of-state PAC (ID#)

Pat Maloney, SR.

Amount of contribution (\$)

1000.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

6607 Laurel Hill
San Antonio TX 78229

Principal occupation Job title (See Instructions)

Attorney

Employer (See Instructions)

Maloney Law Firm

Date

2/16/04

Filer name of contributor

☐ out-of-state PAC (ID#)

Joyce Trinidad

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

4326 Briarcrest
San Antonio TX 78247

Principal occupation Job title (See Instructions)

Home Maker

Employer (See Instructions)

N/A

Date

2/20/04

Filer name of contributor

☐ out-of-state PAC (ID#)

Jose Cuera

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

1354 Oblate
San Antonio TX 78216

Principal occupation Job title (See Instructions)

RETIRED

Employer (See Instructions)

N/A

Date

2/21/04

Filer name of contributor

☐ out-of-state PAC (ID#)

Sherry Lewis

Amount of contribution (\$)

500.00

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

8507 B Apple Carrie
Austin, TX 78745

Principal occupation Job title (See Instructions)

Manager

Employer (See Instructions)

F & L Concrete

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If contributors are out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL CONTRIBUTIONS
OTHER THAN PLEDGES OR LOANS**

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE A

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 12:43 PM

2 FILER NAME CASTRO, JULIAN		3 ACCOUNT # (Ethics Commission filers)	
4 Date 2/16/04	5 Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Kevin L. Johnston	7 Amount of contribution (\$) 500.00	8 In-kind contribution description (if applicable)
6 Contributor address; City; State; Zip Code 10004 Wurzbach Rd. San Antonio, TX 78230			
9 Principal occupation Job title (See Instructions) Consultant		10 Employer (See Instructions) K&J Consulting	
Date 2/20/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Herminia Briones	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 410 Westmoreland San Antonio, TX 78213			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	
Date 6/15/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Roman Martinez	Amount of contribution (\$) 1000.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 1009 Graceland Houston, TX 77009			
Principal occupation Job title (See Instructions) EXECUTIVE		Employer (See Instructions) TEXAS TAXI, INC.	
Date 4/26/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Gilbert J. Murillo	Amount of contribution (\$) 100.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 306 Brahan Blvd. San Antonio TX 78215			
Principal occupation Job title (See Instructions)		Employer (See Instructions)	
Date 2/20/04	Filer name of contributor <input type="checkbox"/> out-of-state PAC (ID#: Krista Briones	Amount of contribution (\$) 500.00	In-kind contribution description (if applicable)
Contributor address; City; State; Zip Code 5427 Billington San Antonio TX 78230			
Principal occupation Job title (See Instructions) Business Manager		Employer (See Instructions) Grey Forrest Utilities	

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

If contributors are out-of-state PAC, please see instruction guide for additional reporting requirements.

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION Guide explains how to complete this form.

2004 JUL 15

Total pages Schedule F: 5

FILER NAME

Julian Castro

3 ACCOUNT # (Ethics Commission filers)

Date

2/24/04

5

Payee name

Brenda Bertram Photography

7

Amount
(\$)

150.00

6

Payee address; City; State; Zip Code

2132 NW Military Hwy
SATx

Purpose of payment (see instructions regarding type of information required.)

deposit on Photos

9

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

2/29/04

Payee name

Brenda Bertram Photography

Amount
(\$)

232.88

Payee address; City; State; Zip Code

2132 NW Military Hwy
SATx

Purpose of payment (see instructions regarding type of information required.)

Photos

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

4/7/04

Payee name

Blue Clover

Amount
(\$)

3000.00

Payee address; City; State; Zip Code

454 Soledad Ste. 201
S.A. Tx 78205

Purpose of payment (see instructions regarding type of information required.)

web site / Literature

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

5/25/04

Payee name

Dialogue Systems

Amount
(\$)

1200.00

Payee address; City; State; Zip Code

Purpose of payment (see instructions regarding type of information required.)

Data Services

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

2004 JUL 15

Total Pages Schedule F: 5

FILER NAME

Julien Castro

3 ACCOUNT # (Ethics Commission filers)

Date

5

Employee name

Blue Clover

7

Amount
(\$)

1/11/04

6

Employee address;

City; State; Zip Code

454 Soledad St 201
San Antonio, TX 78205

5500.00

Purpose of payment
(required.)

website development

See instructions regarding type of information

9

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Employee name

Little Caesar's

Amount
(\$)

1/4/04

Employee address;

City; State; Zip Code

1663 Bandera Rd.
S.A. TX 78228

24.58

Purpose of payment
(required.)

food for meeting

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Employee name

Cynthia Chapa

Amount
(\$)

1/4/04

Employee address;

City; State; Zip Code

1318 Maryland Dr.
Corpus Christi TX 78415

100.00

Purpose of payment
(required.)Reimbursement for Holy Cross
Ad.

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Employee name

Jamal Wholesale

Amount
(\$)

2/11/04

Employee address;

City; State; Zip Code

1942 N. St. Mary's St.
S.A. TX

126.00

Purpose of payment
(required.)

Flowers for Seniors

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURES

RECEIVED
CITY OF SAN ANTONIO
CITY CLERK

SCHEDULE F

The INSTRUCTION Guide explains how to complete this form.

2004 JUL 15

Page 37
Total page: Schedule F: 5

FILER NAME

Julian Castro

3 ACCOUNT # (Ethics Commission filers)

Date

5

Employee name

2/11/04

Holy Family Special Events

7

Amount
(\$)

250.00

6

Employee address;

City; State; Zip Code

152 Florencia
S.A. Tx 78228Purpose of payment
(required.)

See instructions regarding type of information

Sponsorship

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6

Employee name

2/18/04

Blue Clover

Amount
(\$)

453.08

Employee address;

City; State; Zip Code

454 Soledad Ste 201
S.A. Tx 78205Purpose of payment
(required.)

Web

See instructions regarding type of information

Site domain

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

7

Employee name

2/18/04

Blue Clover

Amount
(\$)

833.34

Employee address;

City; State; Zip Code

454 Soledad Ste 201
S.A. Tx 78205Purpose of payment
(required.)

See instructions regarding type of information

Printed Piece

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

8

Employee name

2/19/04

Brenda Bertram Photography

Amount
(\$)

188.56

Employee address;

City; State; Zip Code

2132 NW Military Hwy
S.A. TxPurpose of payment
(required.)

See instructions regarding type of information

Photo Setting

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION Guide explains how to complete this form.

2004 JUL 15

Total page 4 of 5 Schedule F: 5

FILER NAME

Julian Castro

3 ACCOUNT # (Ethics Commission filers)

Date

5/30/04

5 Employee name

Rosie Castro

7

Amount
(\$)

500.00

6

Employee address; City; State; Zip Code

143 Globe San Antonio Tx 78228

Purpose of payment (see instructions regarding type of information required.)

Reimbursement for
T-Shirts

9

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/3/04

Employee name

St. Paul's

Amount
(\$)

1000.00

Employee address; City; State; Zip Code

350 Sutton
S.A. Tx 78228

Purpose of payment (see instructions regarding type of information required.)

Sponsorship

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/7/04

Employee name

Little Caesar's

Amount
(\$)

17.07

Employee address; City; State; Zip Code

1603 Bandera Rd.
S.A. Tx 78228

Purpose of payment (see instructions regarding type of information required.)

Food for meeting

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

Date

6/10/04

Employee name

Greater San Antonio Chamber of Commerce

Amount
(\$)

380.00

Employee address; City; State; Zip Code

602 E. Commerce
S.A. Tx 78205

Purpose of payment (see instructions regarding type of information required.)

S.A. to DC Trip

.. Complete if direct expenditure to benefit C/OH ..

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

POLITICAL EXPENDITURESRECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE F**

The INSTRUCTION Guide explains how to complete this form.

2004 JUL 15

Total pages Schedule F: 5

FILER NAME

3 ACCOUNT # (Ethics Commission filers)

Date

5

Employee name

7

Amount
(\$)

6/20/04

6

Employee address;

City; State; Zip Code

Judith Sancedo
9003 Powhattan
SA 78230

65.33

Purpose of payment
(required.)

See instructions regarding type of information

9

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Reimbursement for
Postage Matamoros

Date

Employee name

Amount
(\$)

Employee address;

City; State; Zip Code

Purpose of payment
(required.)

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Employee name

Amount
(\$)

Employee address;

City; State; Zip Code

Purpose of payment
(required.)

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

Date

Employee name

Amount
(\$)

Employee address;

City; State; Zip Code

Purpose of payment
(required.)

See instructions regarding type of information

** Complete if direct expenditure to benefit C/OH **

Candidate / Officeholder name

Office sought

Office held

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

**POLITICAL EXPENDITURES
MADE FROM PERSONAL FUNDS**RECEIVED
CITY OF SAN ANTONIO
CITY CLERK**SCHEDULE G**

The INSTRUCTION GUIDE explains how to complete this form.

2004 JUL 15 2:43 PM
Total pages Schedule G: 1

2 FILER NAME

CASTRO, JULIAN

3 ACCOUNT # (Ethics Commission filers)

4 Date

5/08/04

5 Filer name

Chris Madrid's

6 Filer address; City; State; Zip Code

7 Purpose of expenditure (See instructions regarding type of information required.)

Food / Drinks - Volunteer Event

8 Amount
(\$)

257.02

☐ Reimbursement
from political
contributions
intended

Date

Filer name

Filer address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Filer name

Filer address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Filer name

Filer address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

Date

Filer name

Filer address; City; State; Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

Amount
(\$)☐ Reimbursement
from political
contributions
intended

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED